1/47
17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

National Office of Vital Statistics

FILED OCT 1 1947

STANDARD CERTIFICATE OF DEATH

State File No. 31855

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 49

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 302 So Mill St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Eldon 1
(If outside city or town limits, write "RURAL")
(d) Street No. 302 So Mill 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Charles Wm Harrison
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married
6. (b) Name of ~~husband~~ or wife Anna Harrison
6. (c) Age of husband or wife if alive ___ years
7. Birth date of deceased Sept (Month) 11 (Day) 1866 (Year)

8. AGE: Years 81 Months 0 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Miller Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name William T Harrison
13. Birthplace Miller Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Irene N Thompson
15. Birthplace Miller Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Marron Harrison
(b) Address Kansas City Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wood Cem
18. (a) Signature of funeral director Keith McKaye
(b) Address Eldon Mo
19. (a) 9-19-47 (Date received local registrar) (b) Alvernetta Watts (Registrar's signature) 192

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1947 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from 3-15-1943 1 1943 to 9-17 1947 that I last saw him alive on 9-17 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Nephritis	6 YR
Due to Senility Hemorrhage of Bladder	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No	
Of autopsy No	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury I
23. Signature G F Birkstresser (~~M.D.~~ or other) D.O.
Address Eldon Mo Date signed 9-18-47.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-30-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.